PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
(571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

indicated unless correct maintenance fee notifica	ted below or directed oth	nerwise in Block I, by (a) specifying a new corres	pondence address; and/o	or (b) indicating a sepa	correspondence address as trate "FEE ADDRESS" for
CURRENT CORRESPOND 21171	DENCE ADDRESS (Note: Use BI	IDE	Fee(s) Transmittal. This certi-	ificate cannot be used f r, such as an assignme	r domestic mailings of the or any other accompanying nt or formal drawing, must
	RK AVENUE, N.W	SEP 0 6 2007	¬¹\ Stat	reby certify that this Fee es Postal Service with su	fficient postage for firs	mission g deposited with the United it class mail in an envelope above, or being facsimile ate indicated below.
WASHINGTON	N, DC 20005	E .	§/			(Depositor's name)
		MADEMASK				(Signature)
						(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	ATTO	DRNEY DOCKET NO.	CONFIRMATION NO.
10/816,922 TITLE OF INVENTION BRAIN PROGRAM ST		M, DATA ACCESS NO	Kiyoshi Sugioka DDE, BRAIN NODE, DA	TA ACCESS PROGRA	1080.1138 M STORAGE MEDIL	2608 JM AND
APPLŇ. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	09/14/2007
EXAM	INER	ART UNIT	CLASS-SUBCLASS			
HO, BINH VAN		2163	707-009000	•		
"Fee Address" ind PTO/SB/47; Rev 03-(Number is required. 3. ASSIGNEE NAME A PLEASE NOTE: Un	ND RESIDENCE DATA	"Indication form ed. Use of a Customer A TO BE PRINTED ON '	registered attorney or a 2 registered patent attor listed, no name will be THE PATENT (print or typ	e firm (having as a meml gent) and the names of a meys or agents. If no nar printed. e)	p to ne is 3	ocument has been filed for
(A) NAME OF ASSI	GNEE		(B) RESIDENCE: (CITY	and STATE OR COUN	TRY)	
FUJITSU L	IMITED		KAWASAK	I, JAPAN		
Please check the appropr	riate assignee category or	categories (will not be pr	rinted on the patent):	Individual Corporat	tion or other private gro	up entity Government
4a. The following fee(s) X Issue Fee X Publication Fee (N Advance Order -	No small entity discount p		b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-3935 (enclose an extra copy of this form).			
	tus (from status indicated		b. Applicant is no long			
NOTE: The Issue Fee an interest as shown by the	d Publication Fee (if records of the United See	uired) will not be accepte				e assignee or other party in
Authorized Signature	Ala	my ()	per	09/07/20 6 Date	SZELDIES BARRA	5 10816922
Typed or printed nam	e RECINALI	D V. MCAS		VI FU: 15VI Registration N5504	46,883	1400.00 OP 300.00 OP
recommendation, virginita and	13-1430.		on is required to obtain or re 1.14. This collection is esti- depending upon the indivi- e Chief Information Office COMPLETED FORMS TO spond to a collection of info			by the USPTO to process) g gathering, preparing, and ne you require to complete utment of Commerce, P.O. for Patents, P.O. Box 1450,